

Sedation Certification
A Healthy Visions Company



Inspiring Individual Initiative

**ONLINE FACILITY USER PURCHASE AGREEMENT
CERTIFICATION IN MODERATE SEDATION**

Healthy Visions Sedation Certification is in partnership with the
American Association of Moderate Sedation Nurses, Inc. (AAMSN)

Facility User Agreement is awarded upon receipt of the conditions of this agreement:

Facility: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

*Course Facilitator Name: _____

Email: _____ Course Facilitator Phone _____

Mail Moderate Sedation Certification Certificates to Facilitator (address above) _____ or Participants _____

***COURSE FACILITATOR IS THE CONTACT PERSON FOR SEDATION CERTIFICATION. COURSE FACILITATOR WILL GIVE INSTRUCTIONS AND ENROLLMENT KEY TO ELIGIBLE PARTICIPANTS.**

CERTIFICATION IN MODERATE SEDATION FACILITY PURCHASE AGREEMENT is an online self-study training which awards 10 CE Credits including 6 Pharmacology CECs for RNs and LPNs (physicians category 2 CME's are available)

INCLUDES:

- One facility hardcopy with 5 DVDs and a 4 Hour Competency Study Manual
- Intra-op Bio-Rhythmic Music CD for patient listening.
- Moderate Sedation Simulator Demo with 12 patient scenarios

RNs upon successful first time completion of the certification exam receive a one year complimentary membership in the AAMSN. Membership fees \$65.00 annually.

The Copyright owner Michael R. Eslinger gives permission to the purchaser the right to use the Moderate Sedation Certification Provider-Directed Independent Study (PDIS) with the following agreement:

- Usage agreement is in effect for two years from date of purchase
- Duplication of course materials for registered users approved for use by above purchaser only.
- Each application requires a copy of professional license and current ACLS and/or PALS
- Certification is available to RNs, MDs and others licensed to give sedation
- LPN's may take the workshop for CE Credit's only and receive a Certificate of Training

The purchaser may use the Moderate Sedation Workshop free of royalties and commission in exchange for a signed purchase agreement. **Agreement is approved for two years from purchase date for up to _____ Participants based on number of seats at a purchasing fee of \$_____.** (See Fee Schedule page 2)

The purchaser agrees not to sell to or share the Sedation Workshop or copies of the workshop with others separate from this agreement at any time, in any form (mechanical, or electronic).

This agreement is non-transferable. No part of the workshop materials may be used in any manner after the agreement expiration date without a renewed purchase agreement.

**The person signing this document is the contact agent or representative of _____
agrees to the terms and conditions on this agreement. (Facility Name)**

Print Name _____

Signature _____ Date _____

By typing signature I agree to the terms

Healthy Visions, 351 Market Street, Clinton, TN 37716
Toll Free: 866-312-3159, Fax: 865-269-4613, Lena@sedationcertification.com, www.sedationcertification.com

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Individual on-line tuition is \$200 Individual DVD tuition is \$250

FACILITY ONLINE AGREEMENT FEE SCHEDULE				
<i>Savings based on individual on-line tuition of \$200</i>				
<i>Purchase agreement good for max number in range or two years</i>				
<i>Max Number</i>	<i>Licensing Fee</i>	<i>Individual Fee</i>	<i>Savings in \$</i>	<i>Percent of Savings</i>
15	\$2,100	\$3,000	\$900	30%
25	\$3,250	\$5,000	\$1,750	35%
35	\$4,200	\$7,000	\$2,800	40%
50	\$5,500	\$10,000	\$4,500	45%
75	\$7,500	\$15,000	\$7,500	50%
100	\$9,000	\$20,000	\$11,000	55%
100+ Add from beginning. Example 115 would be \$9,000 +\$2,100 =\$11,100				

Prices subject to change without notice.

Complete for purchase:

Number of participants: _____ (See Fee Schedule)

Circle check or credit card or call Healthy Visions Education at 1-866-312-3159

Check Credit Card: MC Discover Visa AMEX

Amount Enclosed/Bill to Credit Card: \$ _____

Credit Card Number _____

Expiration date: _____ CVC _____

Signature _____ Date _____

Billing Address:

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____